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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/069,978	
	Filing Date	03/14/2002	
	First Named Inventor	Nils Peter REIBERG	
	Group Art Unit	2643	
	Examiner Name	Unknown	
Total Number of Pages in This Submission		Attorney Docket Number	742111-133

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other
Remarks		RECEIVED OCT 31 2002 Technology Center 2600
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	October 25, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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Type or printed name	K.M. McManus		
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Docket No. 742111-133

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Nils Peter REENBERG) Examiner: Unknown
Serial No. 10/069,978) Group Art Unit: 2643
Filed: 03/14/2002)
For: DIAPHRAGM TRANSDUCER)

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R.M. McManus
R.M. McManus

INFORMATION DISCLOSURE STATEMENT
AND REQUEST FOR CONSIDERATION

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Technology Center 2600

Commissioner for Patents
Washington, DC 20231

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98, a copy of each of the documents cited is enclosed.

U.S. 5,195,143, Great Britain 2,137,047 and EP 0 587 910, which are listed on the attached Form PTO-1449, are discussed in the specification.

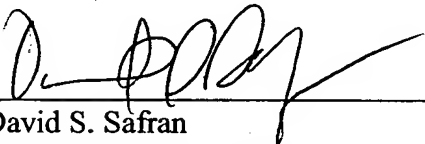
Enclosed herewith is a Form PTO-1449 listing the art cited in the International Search Report, which is U.S. 4,491,698, U.S. 4,354,066, U.S. 5,297,214, U.S. 5,627,903 and WO 98/20705, for the above-captioned application. Copies of these references have been received by the Office as indicated on the Notice of Acceptance issued June 12, 2002 by the US/DO and thus are not being provided. It is requested that this form be used to make this art officially of record.

The documents are being submitted within three (3) months of the filing of this application or entry into the national stage of this application, or before the first Office Action on the merits, whichever is later, therefore no fee or certification is required under 37 C.F.R.

It is requested that the accompanying PTO-1449 be considered and made of record in the above-identified application. To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge any fees connected with this filing which may be required now, or credit any overpayment to Deposit Account No. 19-2380742111-133)

Respectfully submitted,

By: 
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